

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 Post Office Box 29570
 Richmond, Virginia 23242-0570
 (804) 367-8510
cic@dpor.virginia.gov
www.dpor.virginia.gov



Common Interest Community Board
 CIC ANNUAL RENEWAL REPORT

A check or money order payable to the *TREASURER OF VIRGINIA* must be mailed with this form.
 PLEASE TYPE OR PRINT. THE ENTIRE FORM MUST BE COMPLETED.

The following fees are required for renewal:

Renewal Fee	\$
Enter appropriate fee from table below.	
Annual Assessment (§§ 55-516.1.C, 55-79.93:1.C, 55-504.1.C of the Code of Virginia)	
Enter amount from Calculation Chart on page 2.	(+) \$
Recovery Fund Fee (§ 55-530.1.B of the Code of Virginia)	(+) \$ 25.00
TOTAL AMOUNT ENCLOSED	(=) \$

Please check the applicable box

Number of Units/Lots	Fees	X	Number of Units/Lots	Fees	X	Number of Units/Lots	Fees	X
1 - 50	\$30	<input type="checkbox"/>	201 - 500	\$115	<input type="checkbox"/>	1001 - 5000	\$150	<input type="checkbox"/>
51 - 100	\$50	<input type="checkbox"/>	501 - 1000	\$130	<input type="checkbox"/>	5000 +	\$170	<input type="checkbox"/>
101 - 200	\$80	<input type="checkbox"/>						

- Please enter the certificate number issued by the Common Interest Community Board. **0 5 5 0** _____
- Full Name of CIC _____
- Website Address of CIC (if available) _____
- Is the CIC incorporated? No ☐ Yes ☐
- Is the CIC: Property Owners ☐ Residential Condo ☐ Cooperative ☐
- CIC Federal Tax Identification No. (EIN) _____ (Number used when filing taxes or banking)
- Zip Code of CIC _____
- a. Declaration Recorded (MM-YY) _____ CITY/COUNTY _____
 If no, date association transferred to owners _____
 b. Is the Association under Declarant (Developer) Control? Yes ☐ No ☐
 c. Total Number of Units/Lots _____
- Month of Annual Meeting\Board Election _____

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	LICENSE NUMBER	ISSUE DATE
				0 5 5 0	

10. a. Name of Contact Person (To receive inquiries on behalf of the community) _____
 b. Mailing Address (for CIC) _____
 City, State, Zip Code _____
 c. Telephone Number () - _____ Is this a private ☐ or public ☐ number?
 Telephone _____
11. a. Is the association self-managed? ☐ OR under contract with a professional? ☐ If under contract, please answer 11b
 b. Name of Management Company or other professional _____
 c. Website Address of Management Company (if available) _____
12. _____
 Signature of Representative Title Date

Annual Association Assessment Calculation Chart

1.	Association's gross assessment income during the preceding calendar year. Supporting documentation must accompany this application. This may include copies of financial statements, receipts, or other documentation that provides the actual assessments received during the preceding calendar year.	\$
2.	0.02% of amount in Item 1 above. Multiply amount in Item 1 by 0.0002	\$
3.	If the amount in Item 2 is less than \$1,000, please insert amount on Line 2 on page 1.	
4.	If the amount in Item 2 is greater than \$1,000, please insert \$1,000 on page 1.	

MEMBERS OF CURRENT BOARD OF DIRECTORS & OFFICERS

(If more space is needed, attach additional sheets of paper with certificate number.)
Please provide physical addresses, not post office boxes.

Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
_____	_____
Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
_____	_____
Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
_____	_____